



# PROGRAM ASSISTANCE LETTER

**DOCUMENT NUMBER:** 2015-03

**DOCUMENT NAME:** Calendar Year 2016  
Requirements for Federal Tort Claims Act  
(FTCA) Coverage for Health Centers

**DATE:** March 16, 2015

**TO:** Health Center Program Grantees  
National Cooperative Agreements  
Primary Care Associations  
Primary Care Offices

## I. PURPOSE

The purpose of this Program Assistance Letter (PAL) is to describe the Health Resources and Services Administration's (HRSA) process for Health Center Program grantees to submit Federal Tort Claims Act (FTCA) deeming applications for calendar year (CY) 2016. Eligible grantees and subrecipients<sup>1</sup> may be deemed by HRSA as employees of the Public Health Service (PHS) for purposes of coverage under the FTCA for the performance of medical, dental, surgical, and related functions pursuant to the Federally Supported Health Centers Assistance Acts (FSHCAA) of 1992 (Pub. L. 102-501) and 1995 (Pub. L. 104-73). This PAL supersedes PAL 2014-03, "Calendar Year 2015 Requirements for Federal Tort Claims Act (FTCA) Medical Malpractice Coverage for Health Centers."

This PAL is intended to clarify and disseminate the requirements for the CY 2016 FTCA deeming and renewal application submissions. Technical Assistance (TA) webcasts on these requirements will be posted at <http://bphc.hrsa.gov/ftca/healthcenters/hcappprocess.html>.

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<sup>1</sup> For purposes of FTCA coverage, *subrecipient* means an entity which receives a grant or a contract from a covered entity to provide a full range of health services on behalf of the covered entity. 42 CFR 6.2.

## **II. BACKGROUND**

Health Center Program grantees and qualifying entities receiving section 330 funds (hereafter “entities” or “health centers”), in order to receive deemed status under FSHCAA, must demonstrate compliance with all applicable FTCA Program requirements (including implementation of applicable policies and procedures).

Section 224(h)(1) of the PHS Act requires the Secretary, as a condition of deeming, to make certain required determinations. First, the Secretary must determine that the entity has implemented “appropriate policies and procedures to reduce the risk of malpractice and the risk of lawsuits arising out of any health or health-related functions performed by the entity.” Similarly, under section 224(h)(2), the Secretary must determine that the entity has reviewed and verified “the professional credentials, references, claims history, fitness, professional review organization findings, and license status of its physicians and other licensed or certified health care practitioners . . . .” In addition, section 224(h)(3) requires that the Secretary determine that an entity that has a history of any FTCA claims “either has taken, or will take, any necessary corrective steps to assure against such claims in the future.”

Each entity seeking FTCA coverage (including both health center grantees and subrecipients, as defined herein) must submit an initial FTCA deeming application or an FTCA redeeming application in the form and manner prescribed by HRSA. Deeming applications must demonstrate that the entity seeking FTCA coverage has successfully implemented all deeming requirements set forth in law and further described in this PAL. Health Center FTCA Program requirements include not only the submission of written documentation of appropriate policies, procedures, and practices, but also evidence of their implementation. Because of the critical importance of this process to an effective deeming determination, all deeming applicants must:

1. Submit FTCA application materials in a timely manner (including responding within specified time frames to all clarification and additional information requests from HRSA);
2. Demonstrate implementation of the required policies, procedures, and requirements, as further outlined in this PAL; and
3. Present and verify all material facts during the application process (including FTCA site visits), where applicable.

Applications that do not meet the Health Center FTCA Program requirements will not be approved, and affirmative deeming determinations on such applications will not be issued.

## **III. APPLICABILITY**

This PAL applies to eligible grantees that are public and private nonprofit entities receiving grant funding under section 330 of the PHS Act, including sections 330(e), (g), (h), and/or (i), collectively referred to as “grantees.”

Eligible subrecipients for purposes of FTCA coverage are those entities receiving funds from a covered section 330 grantee under a grant or contract to provide a full range of services on behalf of the covered entity. Subrecipient entities are eligible for coverage only if they provide a full range of health care services on behalf of an eligible grantee and only for those services carried out under the grant-funded project. All subrecipient entities seeking FTCA deeming must be identified on the grantee of record's current Scope of Project/Services Site (i.e., their approved Form 5B).

Please note that only the grantee of record (the organization named on the Notice of Award) can transmit a request to HRSA for deeming with resultant FTCA coverage. Health centers requesting FTCA coverage on behalf of a subrecipient are required to submit a separate and complete deeming application in accordance with the deeming guidelines specified within this PAL and other FTCA Program requirements. The subrecipient application must be submitted along with the grantee of record's deeming application package and is subject to the same requirements as the grantee of record's application.

This PAL contains the instructions for grantees submitting either:

1. An FTCA application requesting initial deeming; or
2. An annual redeeming application for deeming coverage for CY 2016 (January 1, 2016 - December 31, 2016).

#### **IV. MECHANISM FOR SUBMITTING FTCA APPLICATIONS**

All FTCA deeming applications must be submitted electronically through the FTCA deeming module within the HRSA Electronic Handbook (EHB). This module supports electronic web-based functionality for the deeming process including grantee completion and submission of applications, HRSA review and processing of applications, and electronic notice of deeming status to grantees. The EHB system will be available to begin receiving CY 2016 deeming applications on April 13, 2015.

When a grantee submits an FTCA application, the EHB will assign a tracking number. Grantees may create and submit an FTCA application in one session, or create and save part of the application and return as many times as necessary to complete the request before submitting it for HRSA review. Grantees are responsible for ensuring that their deeming application(s) have been successfully submitted to HRSA through the EHB.

For additional information or technical assistance on how to submit a FTCA application, please visit <http://www.bphc.hrsa.gov/ftca/healthcenters/hcappprocess.html>. Additional technical assistance for EHB and this PAL will be made available prior to the application submission deadline and will also be available online with other technical assistance information.

## V. OVERVIEW OF APPLICATION SUBMISSION DATES AND UPDATES

### **FTCA redeeming applications must be submitted within EHB on or before May 26, 2015.**

Please also pay special attention to the following requirements for the CY 2016 redeeming application:

1. Minutes from any 6 QI/QA committee meetings that took place between April 5, 2014, and the submission date of the application must be included. The application must provide an explanation,<sup>2</sup> if fewer than six sets of minutes are provided (e.g., natural disasters and health center emergencies preventing the conduct of meetings over a specified time period).
2. Minutes from any 6 Board meetings evidencing oversight of QI/QA activities that took place between April 5, 2014, and the submission date of the application must be included. The application must provide an explanation, if fewer than six sets of minutes are provided (e.g., natural disasters and health center emergencies preventing the conduct of meetings over a specified time period).

**More information on each of these updates and all application components is further described below in the section titled, “[Complete FTCA Application Package: Initial and Renewal Applicants.](#)”**

Grantees who submit an incomplete application will receive one opportunity to complete the application and will be notified in EHB via a change request notification. After receiving a change request from HRSA to provide additional or updated information, grantees will be required to update and resubmit their applications in a timely manner. Applicants will have 10 business days to update and resubmit their applications after receiving such notice of an incomplete application.<sup>3</sup> **If the grantee fails to respond, the application will be determined to be incomplete and will be voided.** Please see [Section VI: Initial FTCA Applications](#) and [Section VII: FTCA Renewal Applications](#) of this PAL for additional details.

## VI. INITIAL FTCA APPLICATIONS

All grantees considering FTCA coverage are encouraged to carefully review the FTCA policies and regulations found on the HRSA website at <http://www.bphc.hrsa.gov/FTCA/>, as well as the Health Centers Program policy page found at <http://www.bphc.hrsa.gov/policiesregulations/policies/index.html>. Grantees should also consult with the FTCA Program and their Project Officer prior to submitting an initial deeming application.

Health centers may submit an initial application via the electronic, web-based EHB system at

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<sup>2</sup> Explanations that may provide acceptable reasons for not accomplishing the requirement for six sets of QI/QA committee minutes and six sets of Board minutes include, but are not limited to, natural disasters and serious health center emergencies that make it impossible for the health center to conduct the required meetings.

<sup>3</sup> Submissions that do not appropriately answer all application questions and/or fail to attach all required documents are considered incomplete.

any time during the year when the system is open to accept applications. However, due to the program review requirement, grantees should request FTCA coverage well in advance of their desired coverage start date.

Once a complete initial FTCA application is submitted (see [Section VIII: Complete FTCA Application Package: Initial and Renewal Applicants](#)), HRSA will conduct its review within 30 days. Please note that an FTCA deeming application is not considered complete until all required documentation has been completed and submitted through EHB, and if required by HRSA, a site visit has been completed. Grantees are responsible for ensuring that the information needed to complete their applications has been successfully submitted to HRSA through the EHB. Grantees that do not submit complete applications in a timely manner may not receive deemed status (i.e., FTCA coverage) on the date desired. If additional information or clarification is needed, HRSA will notify the grantee through the EHB, and the grantee will be given **10 business days from the date of the EHB notification** to provide the requested information to complete its application. **Should requested information not be submitted within 10 business days of notification, the FTCA application may be determined to be incomplete and voided.**

Within 30 days after a complete initial FTCA application has been received by HRSA, HRSA will notify the contact person(s) identified by the health center of a final determination through EHB. Eligible entities will be covered under applicable FTCA regulations only on and after the effective date identified by HRSA. Initial grantees are advised to maintain private malpractice insurance until they receive written documentation confirming the deeming determination from HRSA.

## **VII. FTCA RENEWAL APPLICATIONS**

All currently deemed grantees must submit a FTCA renewal application and submit renewal applications for any subrecipients (as applicable) by **May 26, 2015**, in order to be eligible to be deemed for the entirety of CY 2016 without a gap in coverage. **Grantees who fail to submit a redeeming application by the deadline date may be required to reapply for coverage. Eligible entities (grantees and grantees on behalf of subrecipients) that do not submit a renewal application by the May 26, 2015, deadline may experience a gap in anticipated FTCA coverage and should strongly consider purchasing private liability insurance for calendar year 2016.**

Grantees are responsible for ensuring that the information needed to complete their deeming application has been successfully submitted to HRSA through the EHB. If additional information or clarification is needed to support an application, HRSA will notify the grantee through the EHB. The grantee will be given **10 business days from the date of such EHB notification** to resubmit the application with the requested information. It is important that grantees provide a timely response to all requests for information in order to assure a timely review and notification. **Grantees that do not provide a responsive submission within 10 business days after receiving notice may have their application deemed incomplete and voided. Should that occur, the grantee seeking coverage may be required to submit a resubmission**

application.

**Eligible entities (grantees and grantees on behalf of subrecipients) that do not submit a renewal application by the May 26, 2015, deadline or respond to change requests in the designated timeframe may experience a gap in anticipated FTCA coverage and should strongly consider purchasing private liability insurance for calendar year 2016.**

During the review process, if HRSA determines that the applicant has not successfully demonstrated compliance with the FTCA deeming requirements and is in danger of being disapproved for CY 2016 coverage, the grantee will be notified of such non-compliance and be provided a final opportunity to demonstrate compliance and evidence of implementation. The notice will outline the following:

1. The areas of non-compliance;
2. Additional documentation that must be submitted to demonstrate evidence of compliance and implementation;
3. The time-frame within which the documentation must be submitted; and
4. The form and manner in which the submissions must be presented.

Once the additional information is submitted, HRSA will review the documentation and make a final determination. After a final determination is made for each application, HRSA will notify the contact person(s) identified by the health center of the program's deeming status through the EHB.

#### **VIII. COMPLETE FTCA APPLICATION PACKAGE: INITIAL AND RENEWAL APPLICANTS**

**To be considered complete, an initial or renewal application must contain all of the following documentation within EHB. Please note that, in order to address privacy concerns for all pertinent parties, QI/QA committee minutes and board minutes submitted to HRSA must be redacted of all patient and staff identifiers as well as sensitive unrelated material. HRSA also encourages applicants to consult with their private legal counsel to address any associated privacy concerns, including specific questions about redactions.**

1. **Quality Improvement/Quality Assurance (QI/QA) Plan, with clear documentation that the Board reviewed and approved the plan within 3 years of the date of submission to HRSA (i.e., on or after April 5, 2012, for a renewal application).**
  - A. Specifically, the QI/QA plan must be approved, dated, and contain the appropriate signature(s) of the Board of Directors (such as the Secretary and/or other appropriate Board members). If the QI/QA plan has not been signed by the Board, then the health center must submit an unsigned plan and provide Board meeting minutes that are dated, with appropriate signature(s), that demonstrate clear evidence that the plan was approved by the Board.
  - B. If the Plan has not been approved by the Board within the last 3 years, the application will be returned to the grantee without further review until the

plan is resubmitted with a Board signature/date indicating review/approval, or signed, and dated board minutes that clearly indicate that the plan was approved by the Board.

2. **Minutes from any 6 QI/QA committee meetings that took place between April 5, 2014, and the submission date of the application.**<sup>4</sup> The application must provide an explanation if fewer than six sets of minutes are provided. Please note that HRSA utilizes meeting minutes as one of its primary sources of evidence of successful implementation of a QI/QA program. Lack of documentation or incomplete documentation of activities may be considered evidence of a failure to implement a successful QI/QA program and may therefore adversely affect the deeming determination. ***In addition to the minutes noted above, the health center may also submit health center committee reports that further evidence QI/QA activities.***
3. **Minutes from any 6 Board meetings evidencing oversight of QI/QA activities that took place between April 5, 2014, and the submission date of the application.** The application must provide an explanation if fewer than six sets of minutes are provided. Please note that HRSA utilizes meeting minutes as one of its primary sources of evidence of successful oversight of a QI/QA program. Lack of documentation or insufficient documentation of activities may be considered evidence of a failure to provide proper oversight of the QI/QA program and may therefore adversely affect the deeming determination.
4. **Credentialing and privileging policies and procedures.** The health center's credentialing and privileging policies and procedures must include those elements outlined in Policy Information Notice (PIN) 2002-22 (<http://bphc.hrsa.gov/policiesregulations/policies/pin200222.html>). Also, please note available related credentialing resources at <http://bphc.hrsa.gov/ftca/riskmanagement> (including related ECRI resources and credentialing toolkit). Similar to the QI/QA plan, there must be clear documentation that the Board has reviewed and approved these policies and procedures and that the policies and procedures have been implemented by the health center. Specifically, the credentialing and privileging policies and procedures must be approved, signed, and dated by the Board, and the health center must undertake credentialing and privileging activities in accordance with the written policies and procedures. If the plan does not have a physical signature, then submission of an unsigned set of credentialing and privileging policies and procedures as well as Board minutes that are dated and have a signature from the Board, are acceptable evidence of approval. ***Please note that policies that fail to incorporate the requirements outlined in PIN 2002-22 may be considered evidence of a failure to***

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<sup>4</sup> Explanations that may provide acceptable reasons for not accomplishing the requirement for six sets of QI/QA committee minutes and six sets of Board minutes include, but are not limited to, natural disasters and serious health center emergencies that make it impossible for the health center to conduct the required meetings.

***successfully implement the program's credentialing and privileging requirements.***

5. **A list of all licensed and certified staff members providing services at all health center sites and their current credentialing/privileging status.** The list must include employed or contracted practitioners, volunteers, and locum tenens **with evidence of credentialing and privileging within the last 2 years** (i.e., all credentialing must have been documented to have taken place on or after April 5, 2013). For the purposes of this application, documentation of a credentialing date within the last 2 years is required in accordance with Policy Information Notice 2002-22.
6. **Due to EHB technical requirements, the credentialing list must be in an Excel Spreadsheet compatible with EHB and include the following for all licensed and certified staff members:**
  - Name and Professional Designation (e.g., MD/DO, RN, CNM, DDS, LPN, PA, MA, NP, etc.);
  - Title/Position;
  - Specialty;
  - Employment Status (full-time employee, part-time employee, contractor or volunteer);
  - Hire Date;
  - Current Credentialing Date (must be within past 2 years, per section VIII.6); and
  - Next Expected Credentialing Date.

**The identification of credentialing/privileging status must be based upon evidence of credentialing and privileging under PIN 2002-22 for all listed licensed and certified staff members within the previous 2 years** (i.e., credentialing and privileging actions for each provider must have been documented to have taken place on or after April 5, 2013).

**The purpose of requiring submission of this credentialing and privileging documentation is to show that the grantee has reviewed and verified such information. Inclusion of practitioners on this listing does not infer the deeming (or absence of deeming) for any individual or practitioner, as this is based on satisfaction of statutory deeming requirements under 42 U.S.C. 233(g)-(n). Please note that HRSA may view errors and missing information as evidence of failure to comply with the requirements of PIN 2002-22, as well as Health Center FTCA Program requirements.**

7. **Board approved health center policies and procedures for the following:**
  - Referral tracking;
  - Hospitalization tracking;
  - Diagnostic tracking (Note that the FTCA deeming application no longer requires separate clinical policies and procedures for x-ray and labs, where



these activities are addressed by the diagnostic tracking policies and procedures).

Please note that if the board has delegated the approval of these policies, this should be noted in each of the policies and it should be clear who has the authority for review and approval. Also note available related tracking policy related resources at <http://bphc.hrsa.gov/ftca/riskmanagement> (including related ECRI resources).

8. **Statement verifying whether or not there were any medical malpractice claims or allegations presented during the past 5 years, that any such claims or allegations were internally analyzed, and that appropriate actions were implemented as needed in response to such claims or allegations.** The statement should include the following for each allegation/claim:
  - Name of provider(s) involved
  - Area of practice/specialty
  - Date of occurrence
  - Summary of allegations
  - Status and outcome of claim
  - Summary of health center internal analysis and steps taken to prevent future occurrences (Do not include this analysis if the case has not been resolved, but please note that the case has not been resolved.)
9. Electronic signature of the **Executive Director/CEO** certifying the contents of the application. *If the FTCA application is not signed by the Executive Director/CEO, the application will be returned to the grantee as described in [Section VI: Initial FTCA Applications](#) and [Section VII: FTCA Renewal Applications](#).*
10. Deeming applications for any subrecipient(s) that appear on the health center's most recent Form 5B, who are requesting FTCA coverage. The subrecipient(s) deeming application is considered part of the deeming application of the grantee of record. If a subrecipient's application is incomplete, HRSA will notify the grantee through the EHB, and the grantee will have 10 business days to respond. ***If the grantee does not respond within 10 days, the entire application package may be deemed incomplete and VOIDED. Please see [Section VI: Initial FTCA Applications](#) and [Section VII: FTCA Renewal Applications](#) for more information.***

## IX. SITE VISITS

HRSA may conduct a site visit at any point during the application review process and/or as part of its oversight responsibilities relative to the FTCA program to ensure that risk management, QI/QA policies and procedures, and credentialing and privileging policies and procedures have been appropriately implemented. HRSA may also conduct a random site visit to any initial applicant or deemed grantee to ensure implementation under 42 U.S.C. 233(h). If a site visit

results in a finding of a lack of implementation of the FTCA program requirements, this may be grounds for a negative deeming determination.

Factors that may prompt a site visit include, but are not limited to:

1. Submission of an initial FTCA deeming application;
2. Documentation submitted which indicates possible non-compliance with requirements during the review of the health center's FTCA application;
3. The need for follow-up based on prior site visit findings or other identified issues;
4. History of repeated pertinent conditions, or current conditions, placed by HRSA on the health center's Health Center Program grant, as documented on the health center's associated Notice of Award; and/or
5. History of medical malpractice claims.

Site visits are conducted to ensure that the requirements under the relevant statutory authority contained within 42 U.S.C. 233(h) have been implemented. Site visit reviewers will assess whether the grantee has:

- Implemented appropriate policies and procedures to reduce the risk of malpractice and the risk of lawsuits arising out of any health or health-related functions performed by the entity;
- Reviewed and verified the professional credentials, references, claims history, fitness, professional review organization findings, and license status of its physicians and other licensed or certified health care practitioners, and, where necessary, has obtained the permission from these individuals to gain access to this information; and
- Should a history of claims exist, validate that the grantee has fully cooperated with the Attorney General in defending against any such claims and either has taken, or will take, any necessary corrective steps to assure against such claims in the future.

## **X. ADDITIONAL USEFUL RESOURCES: RISK MANAGEMENT RESOURCES**

Ongoing risk management is essential to the provision of quality health care services. HRSA is committed to ensuring that health centers have access to risk management resources. On the HRSA website, <http://bphc.hrsa.gov/ftca/riskmanagement>, you will find useful risk management webinars, tool kits, and risk management related articles.

## **XI. CONTACT INFORMATION**

For programmatic support regarding the FTCA Program, application requirements (including credentialing, QI/QA Plan, etc.), and technical/EHB support, please contact:

BPHC Helpline

Phone: 1-877-974-BPHC (2742)

8:30 am to 5:30 pm ET

Web Form: <http://www.hrsa.gov/about/contact/bphc.aspx>

James Macrae

Associate Administrator for Primary Health Care

### Checklist of Required Attachments

ATTACHMENTS	
Please check the attachments included with this application	
<input type="checkbox"/>	<b>Attachment A</b> – Policies and Procedures for tracking system
<input type="checkbox"/>	<b>Attachment B1</b> – Copy of Health Center’s Quality Improvement/Assurance Plan*
<input type="checkbox"/>	<b>Attachment B2</b> – Signed and Dated Minutes Demonstrating Board Approval of Quality Improvement/Assurance Plan
<input type="checkbox"/>	<b>Attachment C</b> – Six meeting minutes of QI/QA committee minutes that clearly document QI/QA activities (See PAL for specific dates)
<input type="checkbox"/>	<b>Attachment D</b> – Six meeting minutes of the Board that are related to QI/QA activities (See PAL for specific dates)
<input type="checkbox"/>	<b>ATTACHMENT E</b> – Any health center committee reports <i><b>in addition</b></i> to the minutes noted above, that further evidence QI/QA activities
<input type="checkbox"/>	<b>Attachment F</b> – List of Licensed or Certified Health Care Practitioners
<input type="checkbox"/>	<b>Attachment G1</b> – Credentialing and Privileging policy*
<input type="checkbox"/>	<b>Attachment G2</b> – Signed and Dated Minutes Demonstrating Board Approval of Credentialing and Privileging policy
<input type="checkbox"/>	<b>Attachment H</b> – Review of Professional Liability History (as applicable)
<input type="checkbox"/>	<b>Attachment I</b> – Other Supporting Documentation
<input type="checkbox"/>	Subrecipient Application(s) and Supporting Documentation (as applicable)

  

LEGEND	
*	The Health center must submit the policy along with evidence that the policy has been approved, dated and signed by the Board (Please see PAL for details)

**Application for Health Center Program Grantees for  
Medical Malpractice Coverage Under the  
Federal Tort Claims Act**

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration</b>	<b>FOR HRSA USE ONLY</b>	
	Grantee Name	Application Type
<b>CONTACT INFORMATION</b>		
	Application Tracking Number	Grant Number

<b>CONTACT INFORMATION (Please include Salutation next to the name) All the fields marked with * are required.</b>	
* EXECUTIVE DIRECTOR NAME: <i>(Must electronically sign and certify the FTCA application prior to submission)</i>	
* Email: * Direct Phone: Fax:	
* GOVERNING BOARD CHAIRPERSON NAME:	
* Email: * Direct Phone: Fax:	
* MEDICAL DIRECTOR NAME:	
* Email: * Direct Phone: Fax:	
* RISK MANAGER NAME: <i>(It is recommended that the risk manager be a health care provider or an individual with at least one year of clinical risk management experience)</i>	
* Email: * Direct Phone: Fax:	
* PRIMARY DEEMING CONTACT NAME: <i>(Individual responsible for completing application)</i>	
* Email: * Direct Phone: Fax:	

CONTACT INFORMATION (Please include Salutation next to the name) All the fields marked with * are required.	
* ALTERNATE DEEMING CONTACT NAME: (Individual responsible for assisting with the application)	
* Email: * Direct Phone: Fax:	

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY	
	Grantee Name	Application Type
REVIEW OF RISK MANAGEMENT SYSTEMS		
	Application Tracking Number	Grant Number

REVIEW OF RISK MANAGEMENT SYSTEMS (Section 224(h)(1)) All the fields marked with * are required.
1. * The health center conducts documented periodic assessments to identify, prevent, and monitor medical malpractice risk.
<input type="checkbox"/> YES
<input type="checkbox"/> NO - (If 'No', then please enter explanation below.)
2. * Identify and describe the written policies/procedures that are implemented related to how PAs, NPs, and support staff such as RNs, LPNs, and MAs are supervised. This description should also include whether there are supervisory agreements for PAs and collaborative agreements for NPs. (Please limit response to 4000 characters, approximately 1 page)
3A. * The health center has implemented written medical record policies and procedures that address the following:
Privacy (HIPAA) – <input type="checkbox"/> YES <input type="checkbox"/> NO Completeness of documentation – <input type="checkbox"/> YES <input type="checkbox"/> NO Archiving Procedures – <input type="checkbox"/> YES <input type="checkbox"/> NO
Please enter explanation if at least one of the above is answered "NO"
3B. * The health center conducts documented periodic reviews of medical records to determine quality, completeness, and legibility.
<input type="checkbox"/> YES
<input type="checkbox"/> NO - (If 'No', then please enter explanation below.)

<b>REVIEW OF RISK MANAGEMENT SYSTEMS (Section 224(h)(1))</b> All the fields marked with * are required.	
4.	The health center has implemented board approved policies/procedures that address the following (Please make a note in the explanation section if the board has delegated these approval duties.): Triage – <input type="checkbox"/> YES <input type="checkbox"/> NO Walk-in Patients – <input type="checkbox"/> YES <input type="checkbox"/> NO Telephone Triage – <input type="checkbox"/> YES <input type="checkbox"/> NO No Show Appointments – <input type="checkbox"/> YES <input type="checkbox"/> NO
Please enter explanation if at least one of the above is answered 'NO'	
5.	* The health center has written board approved clinical protocols that define appropriate treatment and diagnostic procedures for selected medical conditions. (Please make a note in the explanation section if the board has delegated these approval duties.)
<input type="checkbox"/> YES	
<input type="checkbox"/> NO - (If 'No', then please enter explanation below.)	
6.	* The health center has implemented a tracking system for all patients who require follow-up of referrals, hospitalization, diagnostics (i.e., x-ray, lab results)
Referral tracking – <input type="checkbox"/> YES <input type="checkbox"/> NO Hospitalization tracking – <input type="checkbox"/> YES <input type="checkbox"/> NO Diagnostic tracking ( x-ray, labs) – <input type="checkbox"/> YES <input type="checkbox"/> NO	
If 'No', then please enter explanation below.	
<b>ATTACHMENT A</b> - Please upload the health center's board approved policies and procedures for only the items listed in question 6 (Please note that if the board has delegated the approval of these policies, this should be noted in each of the policies and it should be clear who has the authority for review and approval.).	
7.	* Has your health center's personnel participated in medical malpractice risk management training or related continuing education in the last 12 months?
<input type="checkbox"/> YES – If 'Yes', please list all medical malpractice risk management trainings and related continuing education.	
<input type="checkbox"/> NO – (If 'No', then please enter explanation)	
8.	* Describe the health center's board approved and implemented plan for continuing education and annual medical malpractice/risk management training for all Health Center staff for the upcoming year. This description should include roles and responsibilities, methods of tracking and documentation. (Please make a note in your description if the board has delegated approval of this plan.) <b>(Please limit to 4000 characters, approximately 1 page.)</b>

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY	
	Grantee Name	Application Type
QUALITY IMPROVEMENT/QUALITY ASSURANCE PLAN (QI/QA)		
	Application Tracking Number	Grant Number

<b>QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) PLAN (Section 224(h)(1))</b> All the fields marked with * are required.	
<b>1. * Please upload the following:</b>	
<p>a. <b>ATTACHMENT B1</b> – Upload and attach the QI/QA Plan that has been reviewed and approved by the Board (within the past 3 years). The Board signature and approval date must also appear on the attached QI/QA Plan [unless submitting Board minutes as proof of approval (see attachment B2)].</p> <p>b. <b>ATTACHMENT B2</b> – If submitting Board minutes as proof that the QI/QA plan was approved, please also upload minutes that have been signed, dated and clearly indicate that the Board approved the QI/QA plan.  <i>The date on the plan or the minutes will be verified for consistency with the answer provided to Question 2.</i></p> <p>c. <b>ATTACHMENT C</b> – Last six meeting minutes of QI/QA committee that clearly document QI/QA activities. <i>(If possible, please combine all the committee minutes into one document.)</i></p> <p>d. <b>ATTACHMENT D</b> – Last six meeting minutes of the Board that are related to QI/QA activities. <i>(Please remove information unrelated to the QI/QA activities.) (If possible, please combine all the board minutes into one document.)</i></p> <p>e. <b>ATTACHMENT E</b> – Any health center committee reports <u><b>in addition</b></u> to the minutes noted above, that further evidence QI/QA activities</p>	
<b>2. * Please select the date the QI/QA Plan was approved by the Board.</b>	
Indicate date of last Board Approval: [ ]	
<i>If the QI/QA Plan has not been reviewed and signed by the Board within the past 3 years, this application will be returned without further review.</i>	
Applications that do not include page numbers <i>and</i> a complete answer to questions 3A-4D will be returned!	
<b>3. * QI/QA Process:</b> The process for improvement should be identified in the health center's QI/QA plan and should identify time specific intervals for assessment and analysis of performance. The process should demonstrate that the QI/QA committee utilizes reliable methodologies to denote an effective process. The QI/QA committee should implement corrective strategies that facilitate improved performance and outcomes for patients. It also should support an environment that promotes quality of care and service through the education and training of health care providers.	



<b>QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) PLAN (Section 224(h)(1))</b> All the fields marked with * are required.	
A.	What is the process utilized in assessing clinical quality and risk issues on a continuous basis? <b>(Please limit response to 4000 characters, approximately 1 page.)</b> (Note pages where this appears in your QI/QA plan.) [ ]
B.	How do you identify potential problems and prevent adverse occurrences? <b>(Please limit response to 4000 characters, approximately 1 page.)</b> (Note pages where this appears in your QI/QA plan.) [ ]
C.	What tools are used to systematically collect and analyze data? <b>(Please limit response to 4000 characters, approximately 1 page.)</b> (Note pages where this appears in your QI/QA plan.) [ ]
D.	How do you identify and document a system or process breakdown? <b>(Please limit response to 4000 characters, approximately 1 page.)</b> (Note pages where this appears in your QI/QA plan.) [ ]
E.	How are strategies for improvement implemented, continually monitored, and measured? <b>(Please limit response to 4000 characters, approximately 1 page.)</b> (Note pages where this appears in your QI/QA plan.) [ ]
4.	<b>* QI/QA Committee:</b> The mission of the QI/QA committee should be to ensure the safety and quality of care and services provided to the health center's patients. The committee's goals are to ensure that the health center has developed an integrated process of continual assessment of the health center's needs. The QI/QA committee should be comprised of a cross section of all levels of providers within the health center.  Provide details of QI/QA committee structure:
A.	Describe the structure of the QI/QA committee. <b>(Please limit response to 4000 characters, approximately 1 page.)</b> (Note pages where this appears in your QI/QA plan.) [ ]
B.	How often does the Board receive reports from the QI/QA committee on QI/QA plan and progress? <b>(Please limit response to 4000 characters, approximately 1 page.)</b> (Note pages where this appears in your QI/QA plan.) [ ]
C.	What is the process for implementing policies and procedures, such as credentialing, risk management, clinical, and operational? <b>(Please limit response to 4000 characters, approximately 1 page.)</b> (Note pages where this appears in your QI/QA plan.) [ ]
D.	How are recommendations from the QI/QA committee presented and approved by the Board? <b>(Please limit response to 4000 characters, approximately 1 page.)</b> (Note pages where this appears in your QI/QA plan.) [ ]

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>	<b>FOR HRSA USE ONLY</b>	
	Grantee Name	Application Type
<b>REVIEW OF CREDENTIALING SYSTEMS</b>		
	Application Tracking Number	Grant Number

<b>REVIEW OF CREDENTIALING SYSTEMS (Section 224(h)(2))</b> All the fields marked with * are required.	
1. * All current health care personnel involved in direct patient care must be credentialed within the last two years in accordance with the requirements outlined in PIN 2001-16 and PIN 2002-22, including all of the following: <ul style="list-style-type: none"> <li>• <b>Licensed independent practitioners (e.g., physicians, nurse midwives, nurse practitioners)</b></li> <li>• <b>Licensed practitioners (e.g., RNs, LPNs)</b></li> <li>• <b>Certified practitioners/technicians (e.g., dental, lab, radiology, MA [where applicable])</b></li> </ul> <p><b>Note: If your state does not require certain health care personnel (e.g., MAs, DAs) to be licensed or certified, please include these individuals on the credentialing list and indicate that state law does not require that they be certified.</b></p>	
<b>ATTACHMENT F – Upload and attach the credentialing list. (List MUST be in an Excel spreadsheet)</b>  Be sure to include the following on the credentialing list: <ul style="list-style-type: none"> <li>○ Name and Professional Designation (e.g., MD/DO, RN, CNM, DDS)</li> <li>○ Title/Position</li> <li>○ Specialty</li> <li>○ Employment Status (full-time employee /part-time employee/contractor/volunteer)</li> <li>○ Hire Date (or anticipated hire date)</li> <li>○ Current Credentialing Date (MUST BE WITHIN PAST 2 YEARS), and</li> <li>○ Next Expected Credentialing Date</li> </ul> <p><b>Note:</b> The application will be returned without further review if the personnel are not credentialed within the last 2 years.</p>	
a. <b>ATTACHMENT G1 – Upload and attach the health center’s Credentialing and Privileging Policy. The Policy must be Board approved.</b> The Board signature and approval date must also appear on the attached credentialing and privileging policy (unless submitting Board minutes as proof of approval [see attachment F2]).  b. <b>ATTACHMENT G2 –</b> If submitting Board minutes as proof that the credentialing and privileging policy was approved, please also upload minutes that have been signed, dated, and clearly indicate that the Board approved the Credentialing and Privileging policy.	

**REVIEW OF CREDENTIALING SYSTEMS (Section 224(h)(2))**

All the fields marked with \* are required.

2. \* The health center's credentialing verification procedures include all of the following:
- Current licensure, professional certification, and/or registration that is primary source verified
  - Professional educational background/postgraduate training
    - Primary source verification for licensed independent practitioners
    - Secondary source verification for licensed and certified practitioners

☐ YES☐ NO - (If 'No', then please enter explanation below.)

3. \* The health center has verified that each practitioner submitted evidence of the following for review:
- Health fitness/fitness to perform duties
  - Immunization status
  - Professional references
  - Life support training, as applicable
  - DEA registration, as applicable

☐ YES☐ NO - (If 'No', then please enter explanation below.)

4. \* A National Practitioner Data Bank (NPDB) query is obtained and evaluated every 2 years for each licensed practitioner and all other reportable practitioners as part of the health center's credentialing process.

☐ YESIndicate date of last query to the NPDB: ☐☐ NO - (If 'No', then please enter explanation below.)

5. \* A history of previous malpractice liability claims and adverse actions (including but not limited to FTCA claims) is reviewed for each practitioner and for the organization.

☐ YES☐ NO - (If 'No', then please enter explanation below.)

6. \* The health center utilizes data from peer review and quality improvement/quality assurance activities to support its credentialing functions and these activities are overseen by the Board.

☐ YES☐ NO - (If 'No', then please enter explanation below.)

7. \* As part of the health center's privileging process, practitioners are granted privileges by the health center, at least every 2 years, specific to the services being provided at each care delivery site.

☐ YES☐ NO - (If 'No', then please enter explanation below.)

<b>REVIEW OF CREDENTIALING SYSTEMS (Section 224(h)(2))</b> All the fields marked with * are required.	
8.	* As part of the health center's privileging process, clinical privileges and medical staff membership at local hospitals and other admitting facilities are verified.
<input type="checkbox"/> YES	
<input type="checkbox"/> NO - (If 'No', then please enter explanation below.)	
9.	* The integration of quality improvement/quality assurance and risk management facilitates the identification of potential problems and prevention of adverse occurrences. Prevention diminishes the potential for process failures. The quality, risk management, and peer review process promote a safer environment and empower employees to be efficient quality care providers. These processes must be conducted on a consistent and ongoing basis throughout the year.
A.	Describe the health center's peer review process and the frequency with which it is conducted. <b>(Please limit response to 4000 characters, approximately 1 page.)</b>
<input type="checkbox"/>	
B.	Who supervises the peer review process and what are his or her responsibilities? <b>(Please limit response to 4000 characters, approximately 1 page.)</b>
<input type="checkbox"/>	
C.	How is feedback on peer review communicated and documented? <b>(Please limit response to 4000 characters, approximately 1 page.)</b>
<input type="checkbox"/>	
D.	How is patient confidentiality maintained during the medical record review process? <b>(Please limit response to 4000 characters, approximately 1 page.)</b>
<input type="checkbox"/>	
E.	After completing peer review and medical record review, how is the data integrated and shared with staff and the board? <b>(Please limit response to 4000 characters, approximately 1 page.)</b>
<input type="checkbox"/>	
F.	What methodology is used when developing strategies for improvement? <b>(Please limit response to 4000 characters, approximately 1 page.)</b>
<input type="checkbox"/>	

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>	<b>FOR HRSA USE ONLY</b>	
	Grantee Name	Application Type
<b>REVIEW OF PROFESSIONAL LIABILITY HISTORY</b>		
	Application Tracking Number	Grant Number

<b>REVIEW OF PROFESSIONAL LIABILITY HISTORY (Section 224(h)(3))</b>
<p><b>Please note: Health centers are expected to maintain their own records of medical malpractice claims as part of their risk management systems and in accordance with local practice requirements and guidelines.</b></p> <p>If a claim or lawsuit involving covered activities is presented or filed, it is essential that the covered entity preserve all potentially relevant documents. Once a covered entity or covered individual reasonably anticipates litigation—and it is reasonable to anticipate litigation once a claim or lawsuit is filed, whether administratively or in state or federal district court—the entity or individual must suspend any routine destruction and hold any documents relating to the claimant or plaintiff so as to ensure their preservation for purposes of claim disposition or litigation.</p>
<p>1. * Please describe the board approved claims management process and policy that have been implemented within the health center to address all actual and potential claims. (Please make a note in your description if the board has delegated approval of this process and plan.)</p>
<p>2. * Have any professional liability claims or allegation been filed against the health center and/or its employees/contractors WITHIN THE LAST 5 YEARS?</p>
<p><input type="checkbox"/> YES</p> <p><b>If YES, you must upload and attach within EHB, a list of the claims and whether such claims were internally analyzed and whether appropriate actions were implemented as needed. Attachment must also include (Please see:</b></p> <ol style="list-style-type: none"> <li>1) Name of provider(s) involved</li> <li>2) Area of practice/Specialty</li> <li>3) Date of occurrence</li> <li>4) Summary of allegations</li> <li>5) Status or outcome of claim</li> <li>6) Summary of health center internal analysis and steps taken to prevent future occurrences.)</li> </ol> <p>(Do not include number 6, if the case has not been resolved, but please note that the case has not been resolved.)</p> <p><b>ATTACHMENT H - Review of Professional Liability History</b></p>
<p><input type="checkbox"/> NO</p>

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>	<b>FOR HRSA USE ONLY</b>	
	Grantee Name	Application Type
<b>ADDITIONAL INFORMATION</b>		
	Application Tracking Number	Grant Number

<b>ADDITIONAL INFORMATION</b>
<p>1. * Has your health center achieved one or more of the following designations from a national review body by demonstrating the ability to meet nationally recognized standards, guidelines, and measures related to quality assurance and quality improvement in health care organizations?</p> <ul style="list-style-type: none"> <li>• Accreditation;</li> <li>• Certification; and/or</li> <li>• Recognition</li> </ul> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>If 'Yes', then please select all that apply:</b></p> <p><input type="checkbox"/> The Joint Commission (TJC) for Ambulatory Care</p> <p><input type="checkbox"/> Accreditation Association for Ambulatory Health Care (AAAHC)</p> <p><input type="checkbox"/> Adjunct Medical Home Chapter <i>(If Applicable)</i></p> <p><input type="checkbox"/> National Committee for Quality Assurance (NCQA) Patient Centered Medical Home</p> <p><b><i>(You must choose one of the sub options if the above option is checked)</i></b></p> <p><input type="checkbox"/> Recognition Level 1</p> <p><input type="checkbox"/> Recognition Level 2</p> <p><input type="checkbox"/> Recognition Level 3</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other</p> <p>If 'Other', please enter the names of those organizations:</p>

#### ADDITIONAL INFORMATION

**Comments:**

2. Does your health center clearly indicate on its website that it is an FTCA Deemed facility? (If you do not have website, please select NO and explain in comments section.) (If your answer is YES, please include the URL to your website and the location of the information related to your FTCA status.)

☐ Yes ☐ No

**Comments:**

3. Please Indicate the date of your last site visit, FTCA or Health Center 330 Program Grant, that occurred WITHIN THE PAST 3 YEARS. **Please also describe type of site visit, the purpose for the visit, and whether any conditions or compliance issues were found during the visit.** If you have not had a site visit within the past 3 years, please select NO.

☐ Yes, DATE \_\_\_\_\_ ☐ No

**Comments:**

#### CERTIFICATION AND SIGNATURES

Completion of this section by a typed name will constitute signature on this application.

\* I [ ] declare under the penalty of perjury that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of coverage.

I understand that by printing my name I am signing this application.

*Please note – this must be signed by the Executive Director, as indicated in the Contact Information Section of the FTCA application. If not signed by the Executive Director, the application will be returned to the health center.*